

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Outpatient Hospitals
Managed Care Organizations

Memorandum No: 06-103
Issued: December 28, 2006

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information, contact:
800.562.3022
<http://maa.dshs.wa.gov/contact/prucontact.asp>

Subject: Outpatient Hospitals: Year 2007CPT® and HCPCS Codes and Policy Updates

Effective for dates of service on and after January 1, 2007, the Health and Recovery Services Administration (HRSA) is updating all the following:

- The Outpatient Hospital Fee Schedule and the Outpatient Prospective Payment System (OPPS) Fee Schedule using the Year 2007 Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) Level II codes;
- Program policies;
- Revenue Code Grid Updates; and
- The OPPS Budget Target Adjuster

What has changed?

Effective for dates of service on and after January 1, 2007, HRSA has incorporated the CPT and HCPCS code updates into the Outpatient Hospital Fee Schedule. HRSA has also updated coverage, prior authorization and Centers of Excellence policies related to Outpatient Hospital.

Fee Schedule

Updates to the following updated fee schedules are now available on-line:

- Outpatient Hospital Fee Schedule on-line at
<http://maa.dshs.wa.gov/RBRVS/Index.html>
- Outpatient Prospective Payment System Fee Schedule on-line at
<http://maa.dshs.wa.gov/hrates/opps/index.html>
- For a paper copy of the fee schedule, see “How can I get HRSA’s provider documents?” on page 4 of this memorandum.

Bill HRSA your usual and customary charge.

Maximum Allowable Fees

HRSA used the following resources in determining the maximum allowable fees for the Year 2007 additions.

- Year 2007 Medicare Physician Fee Schedule Data Base (MPFSDB) Relative Value Units (RVUs);
- Year 2007 Medicare Laboratory Fee Schedule; and
- Current conversion factors.

Note: Due to its licensing agreement with the American Medical Association (AMA) regarding the use of CPT codes and descriptions, HRSA publishes only the official brief descriptions for all codes. Please refer to your current CPT book for full descriptions.

Effective for dates of service on and after January 1, 2007, HRSA has added the following procedure codes to the list of procedures payable by maximum allowable fee when the APC payment is not applicable. See the Outpatient Hospital Fee Schedule for a complete list of all coverage decisions.

PA	Coverage Decision	Procedure Code	Procedure Code Descriptions
	B	93224	ECG monitor/report, 24 hrs
	B	93230	ECG monitor/report, 24 hrs
	B	93235	ECG monitor/report, 24 hrs

Coverage Decision Legend

0 = Non-covered, all hospitals

1 = Covered for all hospitals; paid according to hospital's specific methodology

A = Covered for APC-paid hospitals (OPPS hospitals) **only**

B = Covered for non-OPPS and CAH **only**

Centers of Excellence (COE) Policy Update

HRSA has established Centers of Excellence for bariatric surgeries, organ transplants, and sleep studies. See HRSA's Physician-Related Services Billing Instructions for updates.

Organ Transplants

HRSA has updated the organ transplant table for those facilities that are approved to do transplants to include both the transplant itself and the donor. Providers must use the recipient Patient Identification Code (PIC) number to bill for donor services.

Approved Transplant Hospitals	Organ(s)	CPT Codes
Children's Hospital & Regional Medical Center/Seattle	Bone Marrow Transplant (BMT) (autologous & allogenic)	Transplant: • 38240 or 38241 Donor: • 38230
	Peripheral Stem Cell Transplant (PSC-T)	Transplant: • 38240, 38241, or 38242 Donor: • 38205 or 38206
	Heart	Transplant: • 33945 Prepare Organ: • 33944 Donor: • 33940
	Liver	Transplant: • 47135 or 47136 Prepare Organ: • 47143, 47144, or 47145; and • 47146, 47147 Donor: • 47133, 47140, 47141, or 47142
	Kidney	Transplant: • 50360 or • 50365 and 50380 Prepare Organ: • 50323 or • 50325; and 50327-50329

Approved Transplant Hospitals	Organ(s)	CPT Codes
		Donor: • 50300, 50320, or 50547
	Small Bowel	Transplant: • 44135 or 44136 Prepare Organ: • 44715 and • 44720, 44721 Donor: • 44132 or 44133
Doernbecher Children's Hospital/Portland NW Marrow Transplant Program (PSC-T only)	BMT	Transplant: • 38240 or 38241 Donor: • 38230
	PSC-T	Transplant: • 38240, 38241, or 38242 Donor: • 38205 or 38206
Good Samaritan Hospital/ Puyallup	PSC-T	Transplant: • 38240, 38241, or 38242 Donor: • 38205 or 38206
Inland NW Blood Center	PSC-T	Donor: • 38205 or 38206
Legacy Good Samaritan Hospital and Medical Center/Portland (Northwest Marrow Transplant Program)	BMT	Transplant: • 38240 or 38241 Donor: • 38230
	PSC-T	Transplant: • 38240, 38241, or 38242 Donor: • 38205 or 38206
Mary Bridge Children's Hospital and Health Center/Tacoma	PSC-T (autologous only)	Transplant: • 38241 Donor: • 38206

Approved Transplant Hospitals	Organ(s)	CPT Codes
Oregon Health Sciences University (OHSU) and Hospital/Portland	BMT	Transplant: • 38240 or 38241 Donor: • 38230
	PSC-T	Transplant: • 38240, 38241, or 38242 Donor: • 38205 or 38206
	Heart	Transplant: • 33945 Prepare Organ: • 33944 Donor: • 33940
	Liver	Transplant: • 47135 or 47136 Prepare Organ: • 47143, 47144, or 47145; and • 47146, 47147 Donor: • 47133, 47140, 47141, or 47142
	Kidney	Transplant: • 50360 or • 50365 and 50380 Prepare Organ: • 50323 or • 50325; and 50327-50329 Donor: • 50300, 50320, or 50547
	Pancreas	Transplant: • 48554 or 48160 Prepare Organ: • 48551 and 48552 Donor: • 48550
Providence St. Peter Hospital/Olympia	PSC-T	Transplant: • 38240, 38241, or 38242 Donor: • 38205 or 38206

Approved Transplant Hospitals	Organ(s)	CPT Codes
Sacred Heart Medical Center/Spokane	Kidney	Transplant: <ul style="list-style-type: none"> • 50360 or • 50365 and 50380 Prepare Organ: <ul style="list-style-type: none"> • 50323 or • 50325; and 50327-50329
	Heart	Transplant: <ul style="list-style-type: none"> • 33945 Prepare Organ: <ul style="list-style-type: none"> • 33944 Donor: <ul style="list-style-type: none"> • 33940
	Heart/Lung(s)	Transplant: <ul style="list-style-type: none"> • 33935 Prepare Organ: <ul style="list-style-type: none"> • 33933 Donor: <ul style="list-style-type: none"> • 33930
	Lung	Transplant: <ul style="list-style-type: none"> • 32851, 32852, 32853, or 32854 Prepare Organ: <ul style="list-style-type: none"> • 32855 or 32856 Donor: <ul style="list-style-type: none"> • 32850
	PSC-T	Transplant: <ul style="list-style-type: none"> • 38240, 38241, or 38242 Donor: <ul style="list-style-type: none"> • 38205 or 38206
Seattle Cancer Care Alliance/Seattle	BMT	Transplant: <ul style="list-style-type: none"> • 38240 or 38241 Donor: <ul style="list-style-type: none"> • 38230
	PSC-T	Transplant: <ul style="list-style-type: none"> • 38240, 38241, or 38242 Donor: <ul style="list-style-type: none"> • 38205 or 38206
	BMT (autologous only)	<ul style="list-style-type: none"> • Transplant: • 38241 Donor: <ul style="list-style-type: none"> • 38230

Approved Transplant Hospitals	Organ(s)	CPT Codes
St. Joseph's Medical Center/Tacoma	PSC-T	Transplant: • 38240, 38241, or 38242 Donor: • 38205 or 38206
Swedish Medical Center/Seattle	PSC-T	Transplant: • 38240, 38241, or 38242 Donor: • 38205 or 38206
	Kidney	Transplant: • 50360 or • 50365 and 50380 Prepare Organ: • 50323 or • 50325; and 50327-50329 Donor: • 50300, 50320, or 50547
University of Washington Medical Center/Seattle	Kidney	Transplant: • 50360 or • 50365 and 50380 Prepare Organ: • 50323 or • 50325; and 50327-50329
	Heart	Transplant: • 33945 Prepare Organ: • 33944 Donor: • 33940
	Heart/Lung(s)	Transplant: • 33935 Prepare Organ: • 33933 Donor: • 33930
	Lung	Transplant: • 32851, 32852, 32853, or 32854 Prepare Organ: • 32855 or 32856 Donor: • 32850

Approved Transplant Hospitals	Organ(s)	CPT Codes
	PSC-T	Transplant: • 38240, 38241, or 38242 Donor: • 38205 or 38206
	BMT	Transplant: • 38240 or 38241 Donor: • 38230
	Liver	Transplant: • 47135 or 47136 Prepare Organ: • 47143, 47144, or 47145; and • 47146, 47147 Donor: • 47133, 47140, 47141, or 47142
University of Washington/Seattle	Pancreas	Transplant: • 48554 or 48160 Prepare Organ: • 48551 and 48552 Donor: • 48550
Virginia Mason Medical Center/Seattle	Kidney	Transplant: • 50360 or • 50365 and 50380 Prepare Organ: • 50323 or • 50325; and 50327-50329
	Pancreas	Transplant: • 48554 or 48160 Prepare Organ: • 48551 and 48552 Donor: • 48550
	PSC-T	Transplant: • 38240, 38241, or 38242 Donor: • 38205 or 38206
	BMT	Transplant: • 38240 or 38241 Donor: • 38230

Sleep Study Centers of Excellence

Sleep Study Services that do not require authorization and are performed in HRSA-approved Centers of Excellence (COE).

HRSA pays for sleep studies only when done in one of the following HRSA-approved COE. Sleep studies may be done only for the following ICD-9-CM diagnosis codes: 327.10, 327.11, 327.12, 327.14, 327.20, 327.21, 327.23, 327.26, 327.27, 327.42, 327.51, 347.00-347.11, 780.51, 780.53, 780.54, and 780.57.

HRSA-approved Sleep Centers	Location
ARMC Sleep Apnea Laboratory	Auburn Regional Medical Center - Auburn, WA
Clallam County Public Hospital Dist. # 1	Forks Community Hospital, Forks
Columbia Sleep Lab	Richland, WA.
Diagnostic Sleep Disorder Program Center	Children's Hospital and Medical - Seattle, WA
Eastside Sleep Disorder Clinic	Overlake Hospital Medical Center - Bellevue, WA
Highline Sleep Disorders Center	Highline Community Hospital - Seattle, WA
Holy Family Sleep Disorder Center	Holy Family Hospital - Spokane, WA
Kathryn Severyns Dement Sleep Disorders Center	St. Mary's Medical Center - Walla Walla, WA
Lourdes Sleep Laboratory	Pasco, WA
Multi Care Sleep Disorders Center	Tacoma General Hospital/ or Mary Bridge Children's Hospital - Tacoma, WA
North Olympic Sleep Center	Silverdale, WA.
Olympic Medical Sleep Disorder Center	Olympic Medical Center, Port Angeles, WA.
Providence Everett Sleep Disorder Center	Providence Everett Medical Center, Everett, WA
Respiratory Care/Sleep Center	Yakima Valley Hospital, Yakima, WA
Richland Sleep Disorder Lab/Dr. Pat Hamner	Richland, WA.
Sleep Center At Memorial	Yakima Valley Memorial Hospital, Yakima, WA.
Sleep Center for Southwest Washington	Providence St. Peter - Olympia, WA
Sleep Disorders Center Legacy Good Samaritan Hospital and Medical Center	Legacy Good Samaritan Hospital and Medical Center - Portland, OR
Sleep Disorders Center of Harrison Hospital	Harrison Hospital - Bremerton, WA
Sleep Disorders Center Virginia Mason Medical Center	Virginia Mason Medical Center - Seattle, WA

HRSA-approved Sleep Centers	Location
Sleep Related Breathing Disorders Laboratory St Clare Hospital	St. Clare Hospital - Tacoma, WA
Sleep Studies Laboratory Mid Columbia Medical Center	Mid Columbia Medical Center - Dalles, OR
St. Francis Sleep Disorder Center (12/28/05)	St. Francis Hospital, Federal Way, WA
St. Joseph Regional Medical Center Sleep Lab	St. Joseph Regional Medical Center - Lewiston, ID
Swedish Sleep Medicine Institute	Providence Swedish or Swedish First Hill - Seattle, WA
The Sleep Institute of Spokane	Sacred Heart Medical Center or 104 W. 5 th Suite 400 W - Spokane, WA
University of Washington Sleep Disorders Center\Harborview Medical Center	Harborview Medical Center - Seattle, WA
Vancouver Sleep Disorders Center	Vancouver Neurology - Vancouver, WA
Valley Medical Center	Valley Medical Center, Renton, WA.

Coverage/Prior Authorization Updates

Effective for dates of service on or after January 1, 2007 the following CPT and HCPCS codes must be prior authorized:

PA	CPT/HCPC	Description
Y	C1820	Generator neuron rechg bat sys
Y	C9726	Rxt breast appl place/remove
Y	21248	Reconstruction of jaw
Y	21249	Reconstruction of jaw

OPPS CPT and HCPCS Code Changes

Effective for dates of service on or after **January 1, 2007**, HRSA covers the following CPT and HCPCS codes for OPPS hospitals:

PA	CPT/HCPC	Description
	C1717	Brachytx source, HCR IR-192
Y	C9727	Insert palate implants

Effective for dates of service on and after **January 1, 2007**, the following procedure codes no longer require authorization:

19296	85055	J7341
19297	85396	J7342
19298	88333	J7343
32856	88334	J7344
33944	J7340	

Retroactive to dates of service on and after **July 1, 2006**, the procedure codes 88384, 88385, and 88386 no longer require authorization.

CPT and HCPCS Codes No Longer Payable

Effective for dates of service on or after **January 1, 2007**, HRSA does not pay for the following procedure codes when billed on the outpatient hospital claim (these codes are paid only when billed on a physician claim):

PA	CPT/HCPC	Description
	93016	Cardiovascular stress test
	93018	Cardiovascular stress test
	93227	ECG monitor/review 24 hrs
	93233	ECG monitor/report 24 hrs
	93237	ECG monitor/review 24 hrs
	93272	ECG review, interpret only
	99217	Observation care discharge
	99218	Observation care
	99219	Observation care
	99220	Observation care

Breast Surgeries

Effective for dates of service on and after **January 1, 2007**, the procedure code for Mastectomy for gynecomastia (CPT 19140) has been deleted and replaced by CPT 19300. HRSA has updated the expedited prior authorization (EPA) criteria for this code to reflect the change. See the Physician-Related Services Billing Instructions for a detailed description of the EPA requirements.

HRSA has updated the list of procedure codes for breast surgeries on page F.10 of the *Physician-Related Services Billing Instructions* with the new 2007 CPT codes. The policy reads as follows:

HRSA pays for the following procedure codes, which include breast removal and breast reconstruction, for clients who have breast cancer or history of breast cancer, burns, open wound injuries, or congenital anomalies of the breast. When billing, you must use the following list of diagnosis codes; **otherwise, HRSA requires PA**. HRSA pays for the removal of failed breast implants only if you bill with ICD-9-CM diagnosis code 996.54. This service requires PA. HRSA will pay to remove implants but will not replace them if they were placed for cosmetic reasons.

CPT Code(s)	Description	Limitations
11960	Insertion of tissue expander(s)	Limited to ICD-9-CM diagnoses: ✓ V10.3
11970	Replace tissue expander	
11971	Remove tissue expander(s)	
*19301	Removal of breast tissue	

CPT Code(s)	Description	Limitations
*19302	Remove breast tissue, nodes	✓ 174.0-175.9
*19303	Removal of breast	✓ 233.0
*19304	Removal of breast	✓ 757.6
19316	Suspension of breast	✓ 759.9
19340	Immediate breast prosthesis	✓ 879.0-879.1
19342	Delayed breast prosthesis	✓ 906.0
19350	Breast reconstruction	✓ 906.8
19357	Breast reconstruction	✓ 942.00-942.59
19361	Breast reconstruction	
19364	Breast reconstruction	
19366	Breast reconstruction	
19367	Breast reconstruction	
19368	Breast reconstruction	
19369	Breast reconstruction	
19370	Surgery of breast capsule	
19371	Removal of breast capsule	
19380	Revise breast reconstruction	

*Denotes added codes

Dental Procedure Coverage Corrections

Effective for dates of service on or after November 1, 2004 HRSA will retroactively cover the procedure codes listed below. **For dates of service November 1, 2004 through June 30, 2005** HRSA will pay for these services using the hospital outpatient rate in effect at the time of service. **For dates of service on or after July 1, 2005** HRSA will pay for these services in accordance with Memo 05-56. (HRSA will do a mass claim adjustment; providers are not required to rebill).

Procedure Code	Description	Procedure Code	Description
D0120	Periodic oral evaluation	D3330	Root canal therapy 3 canals
D0140	Limit oral eval problm focus	D3346	Retreat root canal anterior
D0150	Comprehensve oral evaluation	D3347	Retreat root canal bicuspid
D0210	Intraor complete film series	D3348	Retreat root canal molar
D0220	Intraoral periapical first f	D3351	Apexification/recalc initial
D0230	Intraoral periapical ea add	D3352	Apexification/recalc interim
D0321	Dental other tmj films	D3410	Apicoect/perirad surg anter
D0330	Dental panoramic film	D3421	Root surgery bicuspid
D1110	Dental prophylaxis adult	D3425	Root surgery molar
D1120	Dental prophylaxis child	D3426	Root surgery ea add root
D1201	Topical fluor w prophy child	D3430	Retrograde filling
D1203	Topical fluor w/o prophy chi	D3950	Canal prep/fitting of dowel
D1204	Topical fluor w/o prophy adu	D4210	Gingivectomy/plasty per quad
D1330	Oral hygiene instruction	D4341	Periodontal scaling & root
D1351	Dental sealant per tooth	D4342	Periodontal scaling 1-3teeth
D1510	Space maintainer fxd unilat	D4910	Periodontal maint procedures
D1515	Fixed bilat space maintainer	D5110	Dentures complete maxillary
D1550	Recement space maintainer	D5120	Dentures complete mandible
D2140	Amalgam one surface permanen	D5130	Dentures immediat maxillary
D2150	Amalgam two surfaces permane	D5140	Dentures immediat mandible
D2160	Amalgam three surfaces perma	D5211	Dentures maxill part resin
D2161	Amalgam 4 or > surfaces perm	D5212	Dentures mand part resin
D2330	Resin one surface-anterior	D5213	Dentures maxill part metal
D2331	Resin two surfaces-anterior	D5214	Dentures mandibl part metal
D2332	Resin three surfaces-anterio	D5410	Dentures adjust cmplt maxil
D2335	Resin 4/> surf or w incis an	D5411	Dentures adjust cmplt mand
D2390	Ant resin-based cmpst crown	D5421	Dentures adjust part maxill
D2391	Post 1 srfc resinbased cmpst	D5422	Dentures adjust part mandbl
D2392	Post 2 srfc resinbased cmpst	D5510	Dentur repr broken compl bas
D2393	Post 3 srfc resinbased cmpst	D5520	Replace denture teeth cmplt
D2394	Post >=4srfc resinbase cmpst	D5610	Dentures repair resin base
D2710	Crown resin-based indirect	D5620	Rep part denture cast frame
D2740	Crown porcelain/ceramic subs	D5630	Rep partial denture clasp
D2750	Crown porcelain w/ h noble m	D5640	Replace part denture teeth
D2751	Crown porcelain fused base m	D5650	Add tooth to partial denture
D2752	Crown porcelain w/ noble met	D5660	Add clasp to partial denture
D2910	Recement inlay onlay or part	D5710	Dentures rebase cmplt maxil
D2920	Dental recement crown	D5711	Dentures rebase cmplt mand

Procedure Code	Description	Procedure Code	Description
D2930	Prefab stnlss steel crwn pri	D5720	Dentures rebase part maxill
D2931	Prefab stnlss steel crown pe	D5721	Dentures rebase part mandbl
D2933	Prefab stainless steel crown	D5750	Denture reln cmplt max lab
D2950	Core build-up incl any pins	D5751	Denture reln cmplt mand lab
D3220	Therapeutic pulpotomy	D5760	Denture reln part maxil lab
D3310	Anterior	D5761	Denture reln part mand lab
D3320	Root canal therapy 2 canals	D5850	Denture tiss conditn maxilla
D5851	Denture tiss conditin mandbl	D7270	Tooth reimplantation
D5860	Overdenture complete	D7280	Exposure impact tooth orthod
D5899	Removable prosthodontic proc	D7880	Occlusal orthotic appliance
D5932	Postsurgical obturator	D9610	Dent therapeutic drug inject
D5933	Refitting of obturator	D9920	Behavior management
D5952	Pediatric speech aid	D9999	Adjunctive procedure
D6930	Dental recement bridge		

Note: Dental procedure codes do not have a site of service differential. When services are performed outside of the operating room, HRSA will reimburse services submitted on either a hospital claim form or a dental claim form, but not both.

Diagnosis codes V72.5 and V72.6

HRSA will no longer accept ICD-9-CM diagnosis code V72.5 (radiological examination, not elsewhere classified) and V72.6 (laboratory examination) on outpatient radiology claims. Providers must use the appropriate medical ICD-9-CM diagnosis codes that best describe the signs and/or symptoms or conditions found on outpatient radiology and laboratory claims.

New Laboratory STAT Codes

CPT codes 83664, 85025, and 86367 are added to the list of STAT lab charges that HRSA allows to be performed on a STAT basis.

Outpatient Cardiac Rehabilitation

HRSA has updated the list of appropriate diagnoses for outpatient cardiac rehabilitation by including the 5th digit for ICD-9-CM 410.00-410.92 for acute myocardial infarction.

PET Scan Reimbursement Correction

Retroactive to July 1, 2006, HRSA has updated the following Positron Emission Tomography (PET) scan maximum allowable fees. HRSA will correct claims that were submitted with the procedure codes listed below; providers do not need to resubmit claims.

Authorization	Procedure Code	Corrected Maximum Allowable Fee
PA	78459	\$1165.94
PA	78608	\$1165.94
PA	78811	\$1165.94
PA	78812	\$1165.94
PA	78813	\$1165.94
PA	78814	\$1165.94
PA	78815	\$1165.94
PA	78816	\$1165.94

Note: All PET scans require Prior Authorization.

Revenue Code Table Update

HRSA has updated the Revenue Code table as follows:

Revenue Code	“Code Req” previous	“Code Required” Now
0260	NR	R
0280	NR	R
0637	NR	R
0762	NR	R

Smoking Cessation Policy Update

HRSA has updated the smoking cessation policy located on page H.21 of the Physician-Related Billing Instructions to reflect new diagnoses codes for smoking cessation services.

HRSA pays providers for smoking cessation counseling as part of an antepartum care visit or a post-pregnancy office visit for tobacco dependent eligible pregnant women.

HRSA updated the smoking cessation policy on page H.21 of HRSA's *Physician-Related Billing Instructions* to reflect new diagnosis codes for smoking cessation services. The correct diagnoses are outlined below and will replace the previous ICD-9-CM diagnosis codes of 648.43 and 648.44:

Procedure Code	Brief Description	Restricted to Diagnoses
G0375	Smoke/Tobacco Counseling 3-10	649.03 and 649.04
G0376	Smoke/Tobacco Counseling <10	

Hyalgan/Synvisc

- HRSA reimburses only orthopedic surgeons, rheumatologists, and physiatrists for Hyalgan or Synvisc.
- HRSA allows a maximum of 5 Hyalgan or 3 Synvisc intra-articular injections **per knee** for the treatment of pain in osteoarthritis of the knee. Identify the left knee or the right knee by adding the modifier LT or RT to your claim.
- This series of injections may be repeated at 12-week intervals.

The injectable drug must be billed after all injections are completed.

- Providers must bill for Hyalgan and Synvisc using the following HCPCS codes:

HCPCS Code	Description	Limitations
Q4083	Hyalgan or Supartz, inj	Maximum of 5 injections Maximum of 5 units (1 unit = 1 injection of 20-25 mg)
Q4084	Synvisc, inj	Maximum of 3 injections Maximum of 3 units (1 unit = 1 injection of 16 mg)

Hyalgan/Synvisc (Continued)

- Hyalgan and Synvisc injections are covered for treatment of osteoarthritis of the knee only with the following ICD-9-CM diagnosis codes:

Diagnosis Code	Description
715.16	Osteoarthritis, localized, primary lower leg.
715.26	Osteoarthritis, localized, secondary, lower leg.
715.36	Osteoarthritis, localized, not specified whether primary or secondary, lower leg.
715.96	Osteoarthritis, unspecified whether generalized or localized, lower leg.

- The injectable drugs must be billed after all injections are completed.
- Bill CPT injection code 20610 each time an injection is given, up to a maximum of 5 injections for Hyalgan or 3 injections for Synvisc.

You must bill both the injection CPT code and HCPCS drug code on the same claim form.

Note: HRSA does *not* pay for Hyalgan and Synvisc injections when billed with HCPCS codes Q4085 and Q4086.

Immunization Changes and Updates

Effective January 1, 2007, HRSA will pay for CPT code 90680 (Rotovirus vacc 3 dose, oral) under the EPSDT program for children under 32 weeks of age. HRSA will pay for both FFS and HO clients. This vaccine **will not** be available free-of-charge from DOH. Providers must bill acquisition cost and may bill for the administration of the vaccine.

Procedure Code	Brief Description	January 1, 2007 Maximum Allowable Fee
90680	Rotovirus vacc 3 dose, oral	A.C

HRSA OPPS Budget Target Adjuster

Effective for dates of service on and after January 1, 2007, the OPPS budget target adjust will be 0.835%.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing WAMedWeb at:
<http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA's website at <http://maa.dshs.wa.gov> (click on the Billing Instructions/Numbered Memoranda or Provider Publications/Fee Schedules link).

To request a free hard copy from the Department of Printing:

1. **Go to: <http://www.prt.wa.gov/>** (orders filled daily).
 - a) Click ***General Store***.
 - b) If a **Security Alert** screen is displayed, click **OK**.
 - i. Select either ***I'm New*** or ***Been Here***.
 - ii. If new, fill out the registration and click ***Register***.
 - iii. If returning, type your email and password and then click ***Login***.
 - c) At the **Store Lobby** screen, click ***Shop by Agency***. Select ***Department of Social and Health Services*** and then select ***Health and Recovery Services Administration***.
 - d) Select ***Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Document Correction***. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX 360.586.6361/ telephone 360.586.6360. (Orders may take up to 2 weeks to fill.)

